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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2616 PCT/US																																																							
		First Named Inventor	WEISS, Albrecht																																																							
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<p>As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p>USE OF PIT EMULSIONS IN ENZYMATIC REACTIONS</p> <p>(Title of the Invention)</p> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY): 08/05/2004 as United States Application Number or PCT International Application Number: PCT/EP2004/008770 and was amended on (MM/DD/YYYY): (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically related to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(e)-(f) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1"><thead><tr><th>Prior Foreign Application Number(s)</th><th>Country</th><th>Foreign Filing Date (MM/DD/YYYY)</th><th>Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>103 37 451.5</td><td>Germany</td><td>08/14/2003</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are filed on a supplemental priority sheet attached hereto.</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th><th>Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</th></tr></thead><tbody><tr><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>					Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO	103 37 451.5	Germany	08/14/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.			<input type="checkbox"/>
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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §360 of any PCT international application designating the United States of America, stated below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/008770	08/05/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Aibrecht	Middle Initial		Family Name	WEISS
Inventor's Signature				Date	
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City	40764 Langenfeld	State		Zip	
Country	Germany	Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Michael	Middle Initial		Family Name	MUELLER	Suffix e.g., Jr.	
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Post Office Address							
City	40789 Monheim	State		Zip		Country	Germany
						Applicant Authority	
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Given Name	Eric	Middle Initial		Family Name	DUBREUCO	Suffix e.g., Jr.	
Inventor's Signature						Date	
Residence: City	Montpellier	State		Country	France	Citizenship	French
Post Office Address	30 rue Jean-Jacques Rousseau						
Post Office Address							
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						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Guy	Middle Initial		Family Name	MOULIN	Suffix e.g., Jr.	
Inventor's Signature						Date	
Residence: City	Montferrier-sur-Lez	State		Country	France	Citizenship	French
Post Office Address	130, chemin de la Draille						
Post Office Address							
City	34980 Montferrier-sur-Lez	State		Zip		Country	France
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							